

## Minor Accident, Incident, or Injury Report

Please Write Clearly

Center/Program Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Center/Program Address: \_\_\_\_\_

Type of Facility (Circle One)      Licensed Center      Hourly Center      Out of School Time Program

Date of Injury \_\_\_\_/\_\_\_\_/\_\_\_\_

Time of Incident \_\_\_\_\_ am   pm

Name of Child \_\_\_\_\_

Age of Child \_\_\_\_\_ Gender of Child?   Male   Female      Location When Injury Occurred?   Inside   Outside

Body Parts Injured \_\_\_\_\_

Type of Injury \_\_\_\_\_

Individuals who Observed the Incident \_\_\_\_\_

Describe what happened: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe what action or treatment that was taken in response to this incident, and by whom: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Was a parent, guardian or emergency contact person notified of the accident/incident?   Yes   No

If yes, name of person(s) contacted: \_\_\_\_\_

Date and time of contact: \_\_\_\_/\_\_\_\_/\_\_\_\_   at \_\_\_\_\_ am   pm

Any Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Caregiver

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Center/Program Director

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Person Picking Up the Child

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are **not** required to use this form.